

Submit originals and one copy and electronic copy to **Governance/Faculty Senate Office**
See <http://www.uaf.edu/uafgov/faculty/cd> for a complete description of the rules governing curriculum & course changes.

CHANGE COURSE (MAJOR) and DROP COURSE PROPOSAL

SUBMITTED BY:

Department	Special Education	College/School	School of Education
Prepared by	Joanne Healy	Phone	474-1557
Email Contact	jhealy7@alaska.edu	Faculty Contact	Joanne Healy

1. COURSE IDENTIFICATION:

Dept	EDSE	Course #	642	No. of Credits	3
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COURSE TITLE	Autism and Asperger Syndrome: Social and Behavioral Issues
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2. ACTION DESIRED:

Change Course	<input checked="" type="checkbox"/>	If Change, indicate below what change.	Drop Course	<input type="checkbox"/>
NUMBER		TITLE		DESCRIPTION
PREQUISITES				FREQUENCY OF OFFERING
CREDITS (including credit distribution)		3+0 +1		COURSE CLASSIFICATION
CROSS-LISTED		Dept.		(Requires approval of both departments and deans involved. Add lines at end of form for such signatures.)
STACKED (400/600) Include syllabi.		Dept.		Course #
OTHER (please specify)				

3. COURSE FORMAT

NOTE: Course hours may not be compressed into fewer than three days per credit. Any course compressed into fewer than six weeks must be approved by the college or school's curriculum council. Furthermore, any core course compressed to less than six weeks must be approved by the core review committee.

COURSE FORMAT: (check all that apply)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6 weeks to full semester
OTHER FORMAT (specify all that apply)						
Mode of delivery (specify lecture, field trips, labs, etc)						

4. COURSE CLASSIFICATIONS: (undergraduate courses only. Use approved criteria found on Page 10 & 17 of the manual. If justification is needed, attach on separate sheet.)

H = Humanities ☐

S = Social Sciences ☐

Will this course be used to fulfill a requirement for the baccalaureate core?

YES ☐

NO ☐

IF YES, check which core requirements it could be used to fulfill:

O = Oral Intensive, Format 6 also submitted ☐

W = Writing Intensive, Format 7 submitted ☐

Natural Science, Format 8 submitted ☐

5. COURSE REPEATABILITY:

Is this course repeatable for credit?

YES ☐

NO ☒

Justification: Indicate why the course can be repeated (for example, the course follows a different theme each time).

How many times may the course be repeated for credit?

☐ TIMES

If the course can be repeated with variable credit, what is the maximum number of credit hours that may be earned for this course?

☐ CREDITS

6. **CURRENT CATALOG DESCRIPTION AS IT APPEARS IN THE CATALOG:** including dept., number, title and credits

EDSE F642 Autism and Asperger Syndrome: Social and Behavioral Issues

3 Credits

Offered Spring; As Demand Warrants

Review functional behavioral assessments, development of behavior plans, use of social stories, social skills and life skills instruction to assist inclusive practices of students with autism or Asperger Syndrome. Field experience required. Prerequisites: Admission to the Master in Education in Special Education Program or the Special Education Certification Program or permission of instructor. (3+0)

7. **COMPLETE CATALOG DESCRIPTION AS IT WILL APPEAR WITH THESE CHANGES:** (Underline new wording ~~strike through old wording~~ and use complete catalog format including dept., number, title, credits and cross-listed and stacked.) **PLEASE SUBMIT NEW COURSE SYLLABUS.** For stacked courses the syllabus must clearly indicate differences in required work and evaluation for students at different levels.

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Review functional behavioral assessments, development of behavior plans, use of social stories, social skills and life skills instruction to assist inclusive practices of students with autism or Asperger Syndrome. Field experience required. (3+0+1)

8. **IS THIS COURSE CURRENTLY CROSS-LISTED?**

YES/NO ☒ No

If Yes, DEPT

NUMBER

(Requires written notification of each department and dean involved. Attach a copy of written notification.)

9. **GRADING SYSTEM:** Specify only one

LETTER: ☒ X

PASS/FAIL: ☐

10. **ESTIMATED IMPACT**

WHAT IMPACT, IF ANY, WILL THIS HAVE ON BUDGET, FACILITIES/SPACE, FACULTY, ETC.

None

11. **LIBRARY COLLECTIONS**

Have you contacted the library collection development officer (kljensen@alaska.edu, 474-6695) with regard to the adequacy of library/media collections, equipment, and services available for the proposed course? If so, give date of contact and resolution. If not, explain why not.

No ☐

Yes ☒ X

10/10/08. Library has over 300 books and numerous journals in the special education field. Request was submitted for new book acquisition.

12. **IMPACTS ON PROGRAMS/DEPTS:**

What programs/departments will be affected by this proposed action?

Include information on the Programs/Departments contacted (e.g., email, memo)

None

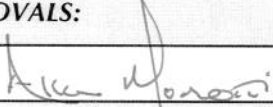
13. **POSITIVE AND NEGATIVE IMPACTS**

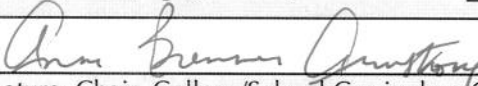
Please specify **positive and negative** impacts on other courses, programs and departments resulting from the proposed action.

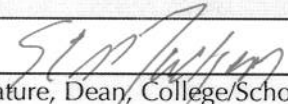
This will have a positive impact on the Special Education program by providing more and varied special education placements for students. Students will be aware of the fieldwork component of the class.

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APPROVALS:

	Date	8-24-10
Signature, Chair, Program/Department of:		

	Date	9.07.2010
Signature, Chair, College/School Curriculum/Council for:		

	Date	9/8/10
Signature, Dean, College/School of:		

	Date	
Signature of Provost (if applicable)		

Offerings above the level of approved programs must be approved in advance by the Provost.

ALL SIGNATURES MUST BE OBTAINED PRIOR TO SUBMISSION TO THE GOVERNANCE OFFICE.

	Date	
Signature, Chair, UAF Faculty Senate Curriculum Review Committee		

ADDITIONAL SIGNATURES: (As needed for cross-listing and/or stacking)

	Date	
Signature, Chair, Program/Department of:		

	Date	
Signature, Chair, College/School Curriculum Council for:		

	Date	
Signature, Dean, College/School of:		